

BEST AVAILABLE COPY

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		2/22/99
O.I.P.E. CLASSIFIER		10	3/1
FORMALITY REVIEW	M.D.	69350	3-4-99

67212

4/2/99

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
-	(Through numeral)... Canceled	A	Appeal
+	Restricted	O	Objected

Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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